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Bib Data Sheet

CONFIRMATION NO. 1273

<b>SERIAL NUMBER</b> 09/822,585	<b>FILING DATE</b> 03/30/2001 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3737	<b>ATTORNEY DOCKET NO.</b> MGH-004BUS
<b>APPLICANTS</b> Lino R. Becerra, Cambridge, MA; Hans C. Breiter, Lincoln, MA; David Borsook, Concord, MA;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A CIP OF 09/729,665 12/04/2000 WHICH CLAIMS BENEFIT OF 60/168,660 12/02/1999 AND CLAIMS BENEFIT OF 60/193,300 03/30/2000 AND CLAIMS BENEFIT OF 60/228,950 08/28/2000				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/16/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 40	<b>TOTAL CLAIMS</b> 38
		<b>INDEPENDENT CLAIMS</b> 4		
<b>ADDRESS</b> Barry Gaiman Daly, Crowley & Mofford, LLP 275 Turnpike Street, Suite 101 Canton, MA 02021-2310				
<b>TITLE</b> Method and apparatus for objectively measuring pain, pain treatment and other related techniques				
<b>FILING FEE RECEIVED</b> 1114	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	